

Docket No.: _____

DECLARATION AND POWER OF ATTORNEY FOR CONTINUATION OF PCT APPLICATION

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **ALIGNMENT CONDITION DETERMINATION METHOD AND APPARATUS OF THE SAME, AND EXPOSURE METHOD AND APPARATUS OF THE SAME**

described and claimed in the specification:

Check one

- * a. ☐ attached hereto.
b. ☒ filed on September 28, 2006 as United States Application Number 10/594,836

This application discloses and claims subject matter disclosed in my or our earlier filed pending application, International Application No. _____, filed _____, benefit of the filing date of which is claimed under 35 U.S.C. § 120.

I have reviewed and understand the contents of this application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

Under Title 35, U.S. Code § 119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to said international application are hereby claimed:

Japanese Patent Application No. 2004-105941 filed March 31, 2004

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to said international application, or (b) before the filing date of the above-named foreign priority application(s)

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor	Shinichi		OKITA
2	Inventor's Signature	Given Name <i>Shinichi</i>	Middle Initial	Family Name <i>Okita</i>
3	Date of Signature	Month <i>Jun.</i>	Day <i>29</i>	Year <i>2007</i>
	Residence:	<i>Nishi Tokyo-shi,</i>		<i>Tokyo,</i>
	Citizenship:	JAPANESE		JAPAN
	Post Office Address: (Insert complete mailing address, including country)	c/o NIKON CORPORATION (Intellectual Property Department) 2-3, Marunouchi 3-chome, Chiyoda-ku, Tokyo 100-8331, JAPAN		
1	Typewritten Full Name of Joint Inventor			
2	Inventor's Signature:	Given Name	Middle Initial	Family Name
3	Date of Signature:	Month	Day	Year
	Residence:	City	State or Province	Country
	Citizenship:			
	Post Office Address: (Insert complete mailing address, including country)			
1	Typewritten Full Name of Joint Inventor			
2	Inventor's Signature:	Given Name	Middle Initial	Family Name
3	Date of Signature:	Month	Day	Year
	Residence:	City	State or Province	Country
	Citizenship:			
	Post Office Address: (Insert complete mailing address, including country)			
1	Typewritten Full Name of Joint Inventor			
2	Inventor's Signature:	Given Name	Middle Initial	Family Name
3	Date of Signature:	Month	Day	Year
	Residence:	City	State or Province	Country
	Citizenship:			
	Post Office Address: (Insert complete mailing address, including country)			
1	Typewritten Full Name of Joint Inventor			
2	Inventor's Signature:	Given Name	Middle Initial	Family Name
3	Date of Signature:	Month	Day	Year
	Residence:	City	State or Province	Country
	Citizenship:			
	Post Office Address: (Insert complete mailing address, including country)			

If Box a. is checked, this form may be executed only when attached to the specification (including claims) at the end thereof. This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains. Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.